KINGSTREE
SOUTH CAROLINA

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

PHONE NUMBER: (843) 355-8156
FAX NUMBER: (843) 355-3004
JELMORE@KINGSTREE.ORG

Date Received: _____

2021 Building & Fire Codes in Effect

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1.2.3.4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also, part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 & 6) are for department use only.

App. Date	Type Permit	Is Owner Applicant
_____/_____/_____	◯ Building (B) ◯ Electrical (E) ◯ Mechanical (M) ◯ Plumbing (P) ◯ Other (O) (See Item 9).	Yes ◯ No ◯

1. Property Information

Street Address	Apt	Zip	Parcel #	Zoning
Subdivision	Lot Number	Parcel Type	☐ Residential(R) ☐ Commercial (C)	☐ Industrial(I) ☐ Other (O)

2. Owner Information

First Name	Last Name or Business Name		Phone	
Street Address		City	State	Zip

3. Contractors Information

	Name of Contractor Address City State Zip	License Number
Applicant (not owner)		
Architect/ Engineer		
General Contractor		
Excavation		
Concrete		
Carpentry		
Electrical		
Plumbing		
Sewer		
Mechanical		
Roofing		
Masonry		
Drywall or Lathing		
Sprinkler		
Paving		
Fire Alarm		

4. Contractors Information

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and agree to conform to ail applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

No. _____ Street _____

5. _____

Fire Dept. Use Only	Requested Plan No. Assignment (Y/N)	PROPOSED USE:	INSTITUTIONAL	Other (24)
Plan Number		Assembly Theater (1) Night Club (2) Restaurant (3) Church (4) Other Assembly (5) Business (6) Educational Grades 1-12 (7) Day Care Facility (8) Factory Moderate Hazard (9) Low Hazard (10) High Hazard (11)	Group Home (12) Hospital (13) Jail (14) Mercantile (15) Residential Hotel, Motel (16) Multi-Family (17) Boca Two Family (18) Cabo Two Family (19) Boca Single Family (20) Cabo Single Family (21) Storage Moderate Hazard (22) Low Hazard (23)	Parking Garage Carport Motor Fuel Service Repair Garage Public Utility HPM _____ _____ _____ _____ _____ _____ _____
New Improvement Type: New Construction (1) Addition (2) Alteration (3) Repair/Replacement (4) Demolition (5) Relocation (6) Foundation Only (7) Change of Use (8)				

Structural Frame (check those applicable)	Exterior Walls (check those applicable)
Steel (1) Masonry (2) Concrete (3) Wood (4) Other (5) Identify: _____	Steel (1) Masonry (2) Concrete (3) Wood (4) Other (5) Identify: _____

Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. Feet)
Front Setback (Feet)	Bedrooms (Number)	Building Area (Sq. Feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. Feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. Feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. Feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. Feet)
New Residential Units (Number)	fireplaces (Number)	Office/Sales (Sq. Feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. Feet)
Elevators I Escalators (Number)	Outside Parking (Number)	Manufacturing (Sq. Feet)
Est Start Date:	Est. Finish Date:	Building Est. Value: $

6. Electrical Permit Application

Electrical Work? Yes / No

Total Service _____ AMPS	Number of Circuits: ____ 2 Wire ____3 Wire ____ 4 Wire	Number of Service Outlets: _____110V _____200V

	Power Devices	No.	Output/Load		Power Devices	No.	Output/Load
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			

Utility Service Revisions:

_____

_____

_____

Est Start Date:	Est. Finish Date:	Building Est. Value: $

7. Plumbing Permit Application

***Plumbing Work*?** Yes / No

Enter the Number of Fixtures Being Installed, Replaced or Repaired					
Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (YI N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y I N) (Number of Heads)	
Garbage Disposals				Lawn Sprinkles (Y I N) (Number of Heads)	
				Total Fixtures	

Public Water (Y/N)	Public Sewer (Y/N)	
Utility Service Revisions:		
Est Start Date:	Est. Finish Date:	Plumbing Work Est. Value: $

8. Mechanical Permit Application

***Mechanical Work*?** Yes / No

Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System NC		Hazardous Exhaust System	
Solid Fuel Appliance		NC Compressor		Electric Furnace	

Utility Service Revisions:

_____

_____

_____

Type of Heating Fuel: Check One

◯ Gas (1) ◯ Oil (2) ◯ Electric (3) ◯ Coal (4) ◯ Wood (5) ◯ Other (6) _____

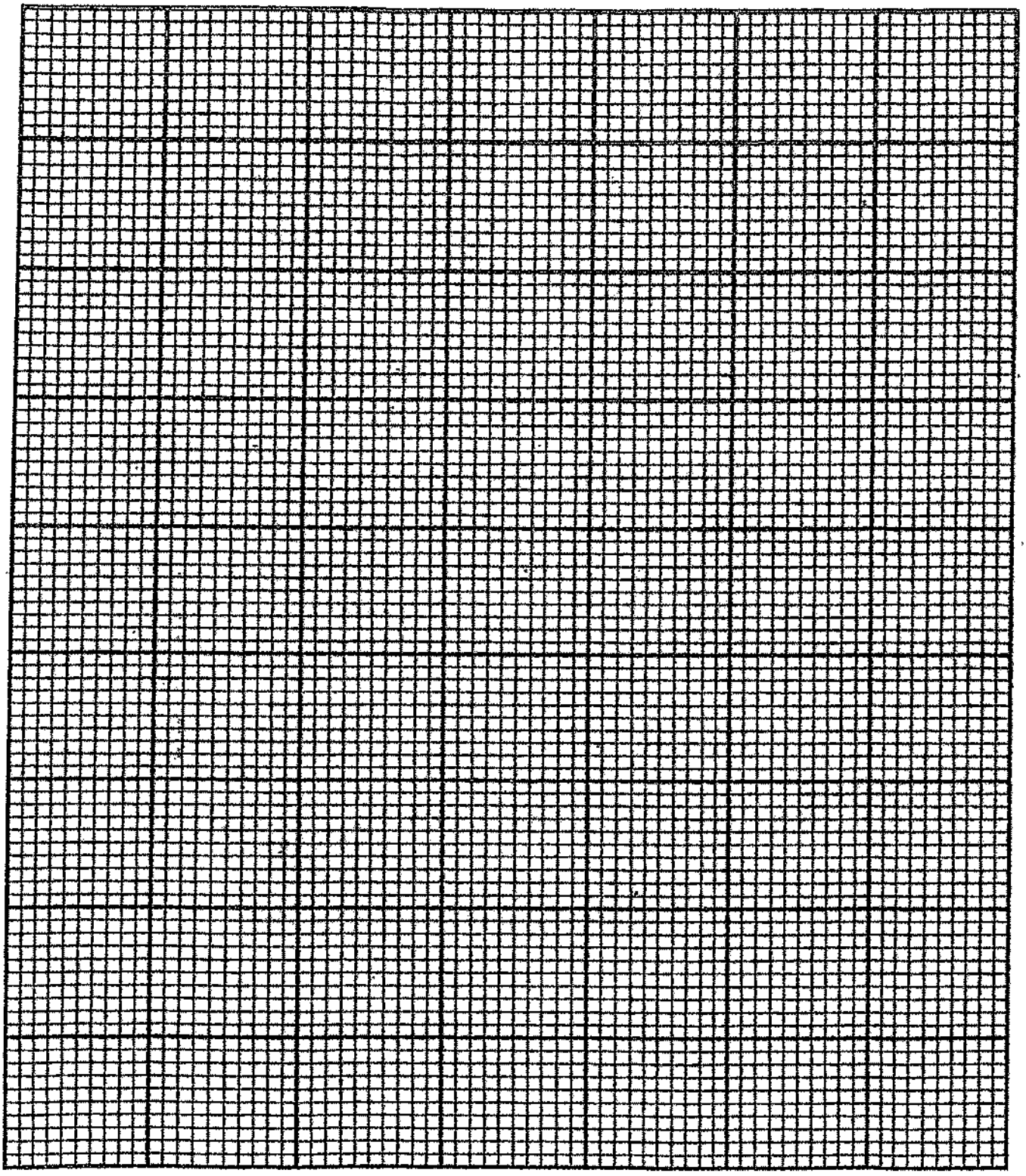
Est Start Date:	Est. Finish Date:	Mechanical Est. Value: $

9. Other Required Permit Application(s)

Permit Type:		
Description of Work:		
Est Start Date:	Est. Finish Date:	Est. Value: $

10. Site Plan

(Show lot lines, easements and work Layout and dimensions)



SCALE = 1 Inch = _____ Feet

Pages 5 & 6 are for DEPARTMENT USE ONLY

11. Date Entry

Application Received: _____/_____/_____ by _____

Application Reviewed: _____/_____/_____ by _____

Date Entry: _____/_____/_____ by _____

12. Flood Plan Evaluation

Flood Map Number and Date: _____ Lowest Floor Elevation _____

Flood Zone _____ Base Flood Elevation _____

13. Zoning Plan Evaluation

Zoning District _____ Map Number _____

Lot Area (from Page 2) _____ Lot Coverage (%) _____

Lot Area Per Room _____ Encroachments_____

Loading Space _____ Provided _____

Loading Space _____

Signs; Number_____ Size of Each Sign _____

Planning Commission Approval Required _____

Board of Zoning Appeals Approval Required _____

14. Plan Review Record

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
Building		$					
Plumbing		$					
Mechanical		$					
Electrical		$					
		$					
Total		$					

15. Additional Permits Required

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Boiler					Plumbing				
Curb or Sidewalk Cut					Roofing				
Elevator					Sewer				
Furnace					Sign or Billboard				
Grading					Street Grades				
Oil Burner					Use of Public Areas				

Total Valuation of Construction, Alterations or Repair of Structure	***Fee***
$1 to $500	$24
$501 to $2,000	$24 for the first $500; plus $3 for each additional $100 or fraction thereof, up to and including $2,000
$2,001 to $40,000	$69 for the first $2,000; plus $11 for each additional $1,000 or fraction thereof, up to and including $40,000
$40,001 to $100,000	$487 for the first $40,000; plus $9 for each additional $1,000 or fraction thereof, up to and including $100,000
$100,000 to $500,000	$1,027 for the first $100,000; plus $7 for each additional $1,000 or fraction thereof, up to and including $500,000
$500,001 to $1,000,000	$3,827 for the first $500,000; plus $5 for each additional $1,000 or fraction thereof, up to and including $1,000,000
$1,000,001 to $5,000,000	$6,327 for the first $1,000,000; plus $3 for each additional $1,000 or fraction thereof, up to and including $5,000,000
$5,000,001 and over	$18,327 for the first $5,000,000; plus $1 for each additional $1,000 or fraction thereof

Plan Review fee is one-half of building permit fee.

Moving Fee for moving any building or structure is $100.

Demolition Fees.

0-100,000 cubic feet $50

Greater than 100,000 cubic feet is $0.50 per 1,000 cubic feet.

Penalties. Where work for which a permit is required by adopted building codes is started or proceeded prior to obtaining said permit, the fees herein specified shall be doubled, but the payment of such double fee shall not relieve any persons from fully complying with the requirements of the adopted building codes in the execution of the work nor from any other penalties prescribed herein. (Ord. 2009-05, passed 8-17-09)

Permit fees last approved by Kingstree Town Council November 18, 2024.